



**SECRETARY OF STATE  
UNIFORM COMMERCIAL CODE BRANCH  
APPLICATION FOR PRE-PAID ACCOUNT**

(Please type or Print)

1. \_\_\_\_\_  
Applicant Name

2. \_\_\_\_\_  
Street Address City State Zip Code

3. Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

4. Is the above named applicant a business entity with individual users? Yes No

5. If yes to #4 above, please provide a list of the names of the authorized individual users.

6. Mail the monthly statement of account to:

\_\_\_\_\_  
Mailing Address City State Zip Code

7. The applicant agrees to the terms and conditions set forth on the attached page.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Type or Print Name & Title

Dated \_\_\_\_\_

Please mail the completed application to:

**MAILING ADDRESS**

Secretary of State  
Prepaid Accounts  
700 Capital Avenue Suite 152  
Frankfort, KY 40601

Telephone: 502-564-3490